

POSTER PRESENTATION

Open Access

Analysis of subjects with menstrually related migraine vs. Non-menstrually related migraine treated with MAP0004

S Aurora^{1*}, B Lu², E Connors^{2*}, X Li², D Kellerman², S Kori²From The European Headache and Migraine Trust International Congress
London, UK. 20-23 September 2012

Menstrually related migraine (MRM) is defined as occurring from days -2 to +3 of menstruation in at least 2 out of 3 menstrual cycles, and additionally at other times of the menstrual cycle. MRM is generally longer lasting, more severe, and more difficult to treat compared to non-MRM attacks. MAP0004 is an investigational orally inhaled dihydroergotamine (DHE) for the acute treatment of migraine. In a large Phase 3 study, MAP0004 was effective and well tolerated in treating an acute migraine attack compared to placebo. This post-hoc analysis compares the efficacy of MAP0004 in treating MRM versus non-MRM, including an analysis of recurrence rates using 4 different, previously published recurrence rate definitions. The efficacy of MAP0004, as measured by pain relief at 2 hours, pain free at 2 hours, sustained pain relief at 2-24 and 2-48 hours, and sustained pain free at 2-24 and 2-48 hours values, was not significantly different between subjects with MRM and non-MRM. Furthermore, the MRM recurrence rates after pain relief were not statistically higher than that of non-MRM treated with MAP0004. There were no significant differences in the frequency of adverse events for MRM vs. non-MRM subjects, and no drug-related serious adverse events were reported. In the study, MAP0004 was effective and well-tolerated for both MRM and non-MRM.

Author details¹Swedish Neuroscience Institute, Swedish Headache Center, Seattle, WA, USA. ²MAP Pharmaceuticals, USA.

Published: 21 February 2013

References

1. Headache Classification Subcommittee of the International Headache Society: **The international classification of headache disorders.** *Cephalalgia* 2004, **24**(suppl 1).
2. Granella F, et al: **Characteristics of menstrual and nonmenstrual attacks in women with menstrually related migraine referred to headache centres.** *Cephalalgia* 2004, **24**(9):707-716.
3. Sacco S, et al: **Migraine in women: the role of hormones and their impact on vascular diseases.** *J Headache Pain* 2012, **13**(3):177-89, Epub2012Feb26.

doi:10.1186/1129-2377-14-S1-P143

Cite this article as: Aurora et al.: Analysis of subjects with menstrually related migraine vs. Non-menstrually related migraine treated with MAP0004. *The Journal of Headache and Pain* 2013 **14**(Suppl 1):P143.

Submit your manuscript to a SpringerOpen[®] journal and benefit from:

- Convenient online submission
- Rigorous peer review
- Immediate publication on acceptance
- Open access: articles freely available online
- High visibility within the field
- Retaining the copyright to your article

Submit your next manuscript at ► springeropen.com

¹Swedish Neuroscience Institute, Swedish Headache Center, Seattle, WA, USA²MAP Pharmaceuticals, USA

Full list of author information is available at the end of the article